

No. 1070

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1610 Office of Registrar of Vital Statistics.Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, or coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1887Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel C. Bordley.Sex, Male or ~~Female~~, { Cross out the word not required in this line. }Age, 70 Years, _____ Months, _____ Days.Color, White ✓Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }Occupation, TrimmerBirth Place, { State or country, and how long in the United States, if of foreign birth. } Kent. Co. Ind.Duration of Residence in the City of Baltimore, 50 years.Place of Death, { Give Street and Number. } 622 S. Paca St.Cause of Death, { First (Primary), Second (Immediate), } ApoplexyDuration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cen.Date of Burial, July 24/87{ Undertaker, W. J. Dickner & Sons } R. J. H. Tall. M. D.

Medical Attendant.

{ Place of Business, 221 S. Euter Street } Address, 524 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. A. 1611

Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Avarella Harman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } female

Age, 3 Years, 15 Months, 15 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1007 Plum alley

Cause of Death, { First (Primary), Diarrhoea
Second (Immediate), Exhaustion }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 23 / 87

Undertaker, H. Rapp { James A. Thomas M. D. Medical Attendant. }

Place of Business, Conway St Address, Craig & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

H. C. Seward S. J. [OVER.]

No. 1072

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1612 Office of Registrar of Vital Statistics.

Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Adams ✓

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 Years, 14 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Howard Co Md

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give Street and Number.} #103 Collington Ave

Cause of Death, {First (Primary), Second (Immediate),} Dentition
Convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, July 22nd

Undertaker, J. E. Brown H. E. Brooks M. D.

Medical Attendant.

Place of Business, Bank & Wolf Address, 1519 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1613

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1613

Office of Registrar of Vital Statistics.

Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Frances Kries

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 5 minutes Years, Months, Days

Color, white -

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 908 William St.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 908 William St.

Cause of Death, { First (Primary), Protracted and severe labour
Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonner Place

Date of Burial, July 22nd 1887

{ Undertaker, B. Hoarle } John Morris M. D. Medical Attendant.

{ Place of Business, 115 West St. } Address, 118 E. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 10111

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1614 Office of Registrar of Vital Statistics.

Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1887

Full Name of Deceased, Lobias Born
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 62 Years, 8 Months, 15 Days

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, Germany
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, about forty years

Place of Death, 322 Monroe
{ Give Street and Number. }

Cause of Death, Cirrhosis
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, five weeks

All the above information should be furnished by the Physician.

Place of Burial, Lordan Park Cem

Date of Burial, July 23rd 1887

Undertaker, Dr. Lewis Schaefer

Place of Business, 316 W. Fremont Address,

Geo. H. Houghday M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1615 Office of Registrar of Vital Statistics.

Ward 22

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 22nd, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Frank Kusek

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

8 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give Street and Number. }

714 S. Bethel St

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ann

Date of Burial, July 23 88

{ Undertaker, Edw. Brown }

John H. Rehberger

M. D.

Medical Attendant.

{ Place of Business, 182 W. 3rd St Address, # 1709 Alice Church }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

No. 1616

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1616 Office of Registrar of Vital Statistics. Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22. 1887Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Stanislaus EwinskySex, Male or Female, { Cross out the word not required in this line. } MaleAge, 8 Years, 12 Months, 24 DaysColor, WhiteMarried, Single, Widow or Widower, { Cross out the words not required in this line. } +Occupation, +Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balti. Mo.Duration of Residence in the City of Baltimore, Life timePlace of Death, { Give Street and Number. } 1732 Lancaster Str.Cause of Death, { First (Primary), Second (Immediate), } Chol. InfusionDuration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Johns BurialDate of Burial, Aug 23 87{ Undertaker, Felix Brashkowsky A. V. Gosweiler M. D. Medical Attendant.{ Place of Business, 1732 Orleans St Address, 233 S. Anne Str.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1417 Office of Registrar of Vital Statistics. Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23d, 1887

Full Name of Deceased, Costilla Suchish { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 6 Months, White Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Since Birth

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } # 726 S. Green St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, July 24 87

Undertaker, John H. Lehberger M. D.

Medical Attendant.

Place of Business, 1732 Wilson St Address, 1709 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No.

A 1618

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 22nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Lambert Gittings

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 80

Years,

10

Months,

22

Days

Color,

White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore Co.

Duration of Residence in the City of Baltimore,

Lifetime since birth

Place of Death, { Give street and number. }

6 Mt. Vernon Place

Cause of Death, { First (Primary,) }

Paralysis

{ Second (Immediate,) }

Coma

Duration of Last Sickness,

10 months

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount Cem

Date of Burial,

24th July 1887

{ Undertaker,

H. W. Jenkins Sons

{ Place of Business,

Park & Saratoga

Address

9 E. Read St

Medical Attendant.

M. D.

J. E. Lindsay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1619 Office of Registrar of Vital Statistics. . Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Effie B. Patters

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, 18 Months, 18 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 2304 Stockton St. New Baltimore

Duration of Residence in the City of Baltimore, Infant

Place of Death, { Give Street and Number. } 2304 Stockton St.

Cause of Death, { First (Primary), Second (Immediate), } Inanition

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Olmest Randalstown Balto Co

Date of Burial, July 23rd 1887

Undertaker, J. B. Hough M. D.

Place of Business, 1408 Benna Ave Address, 1501 Penn Ave

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]